Together For Kids and Families

Strategic Plan Update

October 2010

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DHHS
NEBRASKA

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VISION/MISSION

Recent research on brain development indicates that early life experiences are critical to the emotional and intellectual development of a child. This window of optimal brain development is from the prenatal period through the first years of a child's life. This knowledge has led to a much deeper appreciation of the need to provide a comprehensive system of care, education and support for children and families. Nebraskans are committed to supporting all children and families in an effort to attain positive outcomes.

Together for Kids and Families envisions safe and supportive communities where all children and their families are a top priority. Together for Kids and Families envisions a high quality, well-funded system of early childhood family services and supports. Families, communities, schools, service providers and policy makers are committed to and accountable for helping families and children succeed.

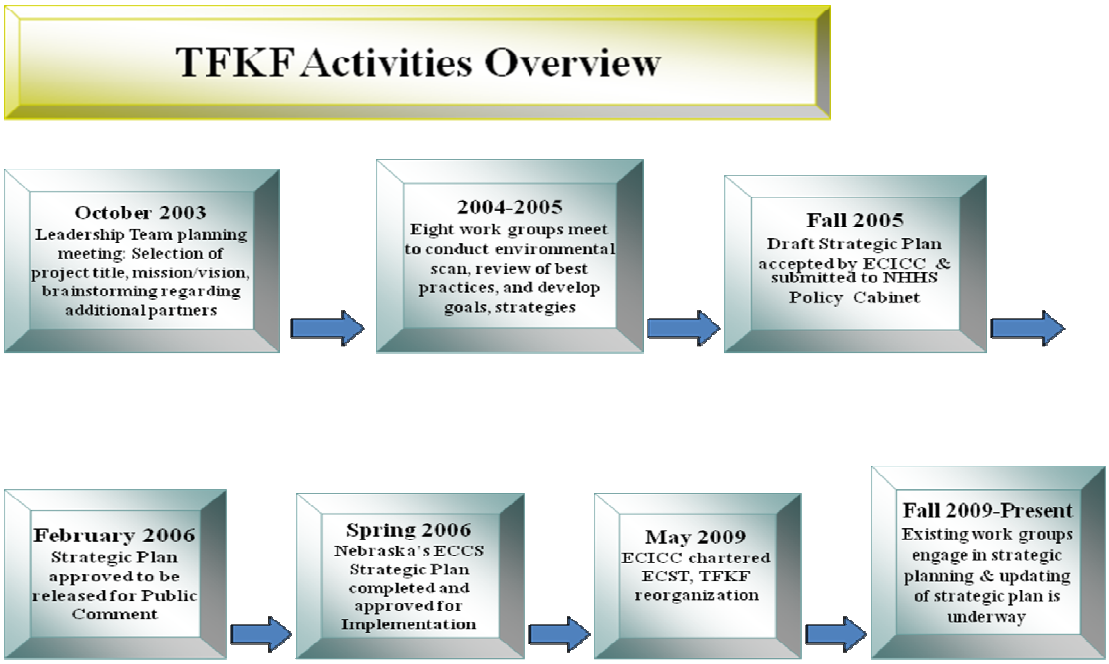
PROJECT OVERVIEW

Together for Kids and Families began as a two-year planning grant awarded to Nebraska Health and Human Services System in 2003, funded through the State Early Childhood Comprehensive Systems (SECCS) Grant Program administered by the Maternal and Child Health Bureau, US Health and Human Services. The project design seeks to achieve optimum outcomes for Nebraska's young children and their families through comprehensive system planning and collaborative effort among stakeholders. This initiative was required to address comprehensive early childhood systems, including at a minimum: (1) access to medical homes, (2) mental health and social-emotional development, (3) early care and education, (4) parent education, and (5) family support. Additionally, the project was required to address the sustainability of the Healthy Child Care America (HCCA) objectives, which Nebraska had implemented through the Healthy Child Care America grant from 1996 to 2005. The goals developed by the work groups integrate and interface with the HCCA objectives.

The comprehensive strategic plan was required to include:

- A needs assessment/environmental scan
- A clear vision and mission statement, priority areas of focus, and specific goals/objectives
- A set of indicators to track early childhood outcomes and a plan for collecting needed data
- Identification of best practice, evidence-based models and how they will be implemented
- Identification of key partners and the role each will play in carrying out the strategic plan
- Demonstration of how the plan links to and leverages other initiatives
- Evidence that the planning process is positioned to maximize the greatest policy impact
- A sustainability plan

Upon completion of the planning process, and final approval of the strategic plan, three years of funding was provided to support implementation efforts. At the completion of the implementation funding, an additional three years was approved to continue systems integration efforts.



METHODOLOGY

The Early Childhood Interagency Coordinating Council (ECICC) has served as the Advisory body for the Early Childhood Comprehensive Systems Project, Together for Kids and Families from its inception to the present. The ECICC is comprised of stakeholders in early childhood with members appointed by the Governor. The council is established to advise the state agencies, legislature, and Governor around issues and services for Nebraska's young children and families.

Strategic Planning 2003-2006

A Leadership Team consisting of 50+ members representing a variety of stakeholders from across Nebraska was formed to act as the working advisory group for the ECCS project. Additionally, eight Work Groups were formed with an average of 8 individuals per group. Co-chairs agreed to assist in the facilitation of this process with one chair also serving on the Leadership Team to act as a liaison. These groups were formed with the following criteria in mind: statewide, culturally diverse and inclusive of family representatives. Five Work Groups focused on the five essential component areas while three cross-cutting teams focused on the areas of data, policy alignment and family involvement (see organizational chart).

At the first meeting of the Leadership Team held October 30th, 2003, the project title of "Together for Kids and Families" was agreed upon and the mission/vision statement was

developed and adopted. The Leadership Team met as planning ensued quarterly to review and revise the Work Group recommendations.

Training for the work groups was held March 10th and 11th, 2004. Monthly conference calls or meetings were completed with the following topics discussed: issue identification, environmental scan, best practices, data identification, and outcome/strategy selection. The three cross-cutting Work Groups (data, policy alignment, and family involvement) also convened monthly following the March 2004 training. The respective cross-cutting Work Groups added their own recommendations and information to the overall plan. Goals and strategies were chosen based on group members' knowledge and evaluation of information gathered during the planning process.

The charge of the Family Involvement Work Group was to ensure that family inclusiveness was an integral aspect of the final work plan. The Family Involvement Work Group designed a parent opinion survey, which was offered in English, Spanish, and Vietnamese, asking questions specifically pertaining to the five main topic areas. The total number of surveys returned was 997 with approximately 450 received that were exclusively Head Start/Even Start respondents, with the majority responding from rural based programs. Information gleaned from the surveys was utilized to drive the planning process. Family involvement was further achieved through the participation of family representatives on ECICC in work groups and on the Leadership Team.

The Policy Alignment Work Group charge was to advise the work groups throughout the planning process regarding policy implications. In addition, in September 2004, the Policy Alignment Work Group completed the Early Childhood Programs and Funding Sources report, summarizing how funds are used in the early childhood system in Nebraska. This chart includes the funding available to early childhood programs, as well as the service integration activities underway, and the capabilities of those services. The original plan to update this document on a regular basis at the ECICC level did not occur, but TFKF staff has updated this document twice, 2006-07 and 2009-10.

The Data Work Group spent a great deal of time researching early childhood indicators used by other states and matching these with data available for Nebraska. The group found itself frustrated by the lack of reliable early childhood data. We found that there is data available regarding children involved in some type of formalized system (e.g., Medicaid, Head Start, WIC), but little or no data about pre-school children who are not in contact with one of these programs.

Listings of possible indicator issues were generated in meetings with each of the five topic work groups by discussing what would indicate goal achievement. Indicator development was generated from the goal/outcome statements each work group had agreed upon; the goals collectively impact the overall system and cut across multiple strategies. The Data Work Group then analyzed the lists and selected a more limited number for which they found possible data sources. Previous experiences of work group members made it clear that it is preferable to have a limited number of well-defined, focused indicators rather than a large number of less useful pointers. Therefore, the

group used a 'scoring matrix' with eight criteria, such as reliability, validity, and comparability to make its final selection of beginning indicators for the project. Once selected, each indicator was then further refined by completing an 'indicator profile form' to define specifics about data collection and analysis.

The data group recommended to the Leadership Team that Together for Kids and Families further explore data sources regarding young children and seek to establish a statewide database in collaboration with the various systems and agencies that could contribute to and use such a database. An effort to map current data sources was a primary objective during year three, and a data map was developed. In response to recommendations, the Head Start State Collaboration Office provided staff support to assist with the development of an early childhood data management system that assisted Together for Kids and Families in moving forward. This state agency partnership allowed Nebraska Department of Education, Head Start-State Collaboration Office, and Health and Human Services to address duplication in the early care and education system, support local program partnerships and access to comprehensive services for young children in Nebraska.

As the five topic area work groups considered issues, research and best practices it became clear that some definitions must be established to provide parameters for goal and strategy selection. Out of these thoughtful discussions the following guiding principles and assumptions were agreed upon.

GUIDING PRINCIPLES

As the work groups met and discussed issues a set of guiding principles were developed:

<u>Overarching Guiding Principles</u>

- Early childhood in Nebraska defined as birth to eight years of age
- Integrated statewide system perspective
- Culturally and linguistically appropriate, and adapted to the literacy level of the audience
- Family centered--families are authentic partners
- Strengths based
- Families have access to information, resources and supports
- Builds on existing initiatives

<u>Guiding Principles for the Selection of Goals/Outcomes</u>

- Specific and relevant
- Measurable
- Attainable (few & focused; feasible/realistic)
- Results oriented
- Time-framed as stated in indicators & baseline data

<u>Guiding Principles for the Selection of Indicators</u>

- Valid
- Reliable data

- Fits within the context - is relevant to the goal/outcome
- Meaningful

The work groups and the Leadership Team reached consensus on the following goals & assumptions:

Goal: Early care and education in Nebraska is high quality, developmentally appropriate and accessible to all children

- Children are successful as a result of quality early childhood experiences.
- Positive learning experiences in early childhood foster physical, social, emotional, language and cognitive development.
- Children's development and learning is enhanced when the public and policy makers are aware of the importance of birth to age eight.
- Parents recognize the importance of high quality early education programs when they have access to information regarding the quality of those programs.
- Licensing and quality rating standards that address education and environmental program quality as well as physical, mental and emotional health and safety improves outcomes in young children.

Goal: Nebraska families provide a safe, healthy and nurturing environment.

- Children grow and develop best with involved families and communities
- Service delivery systems will engage and value all family members
- Family services that are tailored, flexible, and relevant to individual families and their circumstances provide the most beneficial support

Goal: All Nebraska children have access to and receive high quality health care services through a medical home

- Children receive comprehensive health care services (medical, dental, mental health and developmental screenings) when services are provided within a Medical Home
- Screenings for Medicaid eligible children are completed following the Early & Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines

Goal: The early childhood mental health (social-emotional-behavioral health) needs of Nebraska's children are met by:

- Nebraska having an organized comprehensive early childhood mental health (ECMH) system of care;
- Families being authentic partners whenever children's social-emotional and behavioral development is considered;
- All Nebraska agencies that serve children identify and respond to the mental health needs of children facing complex circumstances such as addiction, postpartum depression and domestic violence
    - A system of care for early childhood mental health includes:
        - a systemic focus
        - public-private partnerships
        - collaboration among existing efforts
        - research based service delivery models

Goal: Nebraska parents and families support their children's healthy development

- Parents support their children's healthy development when materials and services are available to families in a language and cultural context appropriate to them and at a literacy level with which they are comfortable

  - The result of engaging in the strategic planning process was an integrated plan that included 19 topic area strategies, two data strategies, 23 potential indicators-12 currently being operationalized, and commitments to lead implementation efforts. The plan was approved for implementation in March of 2006 and can be viewed in its entirety at< http://www.dhhs.ne.gov/LifespanHealth/Together-Kids-Families.htm>

Implementation 2006-2009

As Together for Kids and Families moved from planning to implementation, the project's organizational structure was modified. The ECICC continued to serve as the advisory body, while an Implementation Team of stakeholders divided into eight strategy work groups to carry out implementation. The nineteen topic area strategies and two data strategies that were chosen during planning we divided among the eight work groups; Early Care and Education, Medical Home, Mental Health, Child Care Health Consultation, Parent Education, Family Support, Access Development and Data. The work groups met regularly and each developed a work plan that included activities and a timeline to carry out implementation of the strategies. The Implementation Team met quarterly via videoconference and the group co-leads reported on activities engaged in during the past three months. This design proved to be very effective as it enhanced cross-system communication and assisted in forging additional partnerships while avoiding duplication of efforts. A great deal of progress was made during this period on all of the strategies and the knowledge gained, while partners engaged in implementation has proved to be invaluable as new funding opportunities and initiatives arise.

The data group completed an indicator report that was included in the Early Childhood Interagency Coordinating Council Report to the Governor on the Status of Early Childhood in December 2008 (see excerpt from report below).

Together for Kids and Families
Indicator Report
12-11-08

The TFKF Data Work Group co-lead by the Head Start State Collaboration Office and the DHHS Lifespan Health Services Unit refined the original 23 indicators included in the TFKF Implementation Plan. Indicator profiles and a data mapping effort were completed on each to determine data availability and suitability for retention. The Data Group reviewed indicators and aligned them with the five TFKF/ECCS goals and recommended thirteen indicators for retention: ten that speak to the goals directly and three that serve as overarching indicators for the project. Data group representatives reviewed these recommendations with the seven work groups and gained feedback.

Indicators were again modified based on work group feedback and the chosen indicators were presented to the Implementation Team on October 10, 2007 and to the Early Childhood Interagency Coordinating Council on November 16, 2007. Data collection for the thirteen chosen indicators has been completed and the following section presents preliminary analysis. For some indicators the data is not as robust as for others; as data systems improve, indicator refinement and adjustment can continue. Additional collaboration regarding early childhood indicators is occurring with Nebraska Children and Families Foundation as they develop indicators for children ages 0-19.

The work being done by TFKF does not necessarily directly impact these indicators; they serve to help put the work in context and deepen understanding of why systems development is critical to produce positive outcomes. The following section is a report on the indicator analysis thus far and is organized by focus area and TFKF goal:

Early Care and Education

Early care and education in Nebraska is high quality, developmentally appropriate and accessible to all children.

Percent of licensed child care providers receiving child care subsidy: In 2008, 52.3% of 4,018[1] licensed providers accepted/received the subsidy. The child care subsidy is primarily funded by: federal Child Care and Development Funds required state match funding, and some federal TANF transferred funds. The subsidy is meant to help families who work or attend school and need assistance with childcare payments. While not all eligible families receive the subsidy, knowing the proportion of licensed providers who receive payments helps to understand access to child care services for families in need.

Number of licensed child care slots per 1,000 Nebraska children (0-8): There were 467.6 available "slots" per 1,000 children age 0-8 years in 2008[1]. This indicator illustrates the capacity to serve children and families with regulated childcare. This indicator does not measure demand. However, if demand exceeds supply families have to choose exempt and unlicensed care. Additional analysis of smaller geographic locations should be conducted in the future.

Percent of early care and education providers with quality rating 5-7: Data to operationalize this indicator currently does not exist. Nebraska Children and Families Foundation are in the process of gathering data regarding how many children are currently being served in quality programs (Early Childhood Education Grant Programs, Head Start/Early Head Start and 0-3 Endowment). The TFKF Data Work Group will modify this indicator as needed to increase its usefulness.

[1] Nebraska Department of Health and Human Services, Child Care Subsidy and Licensing program data January, 2008. Unpublished

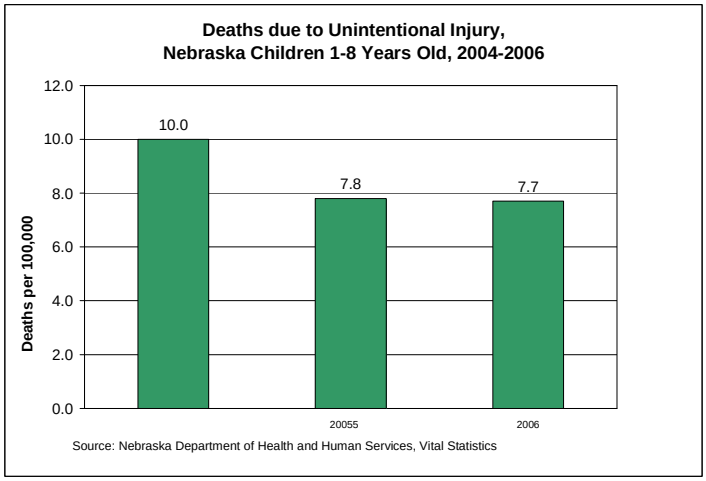
Family Support

Nebraska families provide a safe, healthy and nurturing environment.

Percentage of Nebraska children (0-8) with family incomes less than 100% of the federal poverty threshold: In 2007, 14.7% of Nebraska's children less than 9 years old lived in poverty[2]. While this figure has ranged from 16% in 2002 to 12.7 % (2005), the average over the six years was 14.3% with no significant trend. According to the US Census, children are considered to be living in poverty if their family income, before taxes, falls below the poverty thresholds set by the federal government. The poverty thresholds are adjusted each year for changes in the cost of living. In 2007, the poverty threshold for a single parent with one related child under the age of 18 was $14,291; for a family of four with two parents and two related children under the age of 18 the poverty threshold was $21,027[3].

Rate of substantiated child protective services cases per 1,000 Nebraska children (0-8): The rate of abuse for children 0-8 in Nebraska averaged 13/1,000 between 2005 and 2007 (range 12.8-13.8)[4]. The Healthy People 2010 target is 10.2/1,000 for maltreatment of children (0-18 years of age)[5]. According to the Centers for Disease Control and Prevention's National Center for Injury Prevention and Control, children younger than four years of age are at the greatest risk for severe injury or death due to abuse or maltreatment[6]. This is often due to lack of parent education regarding typical development and minimal coping skills.

Number of Nebraska children (1-8 years) who die of an unintentional injury, per 100,000:



The category of unintentional injury includes incidents such as motor vehicle crashes, falls, discharge of firearms, drowning, and exposure to smoke, fire, and poisoning. Unintended injury is the leading cause of death for children.

In 2006, a rate of 7.7/100,000 deaths were reported down from 10.0 in 2004[7]. This decrease was not statistically significant.

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[2] US Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2008. http://www.census.gov/cps/

[3] U.S Census Bureau, Poverty Thresholds 2007: Poverty Thresholds for 2007 by Size of Family and Number of Related Children Under 18 Years (Dollars). http://www.census.gov/hhes/www/poverty/threshld/thresh07.html.

[4] Nebraska Department of Health and Human Services, Child Abuse and Neglect Reports. January, 2008. Unpublished

[5] Healthy People 2010 Objectives for the Nation; see www.healthypeople.gov

[6] Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Child Maltreatment: Fact Sheet., 2008. http://www.cdc.gov/ncipc/dvp/CMP/default.htm

Parent Education

Nebraska parents support their children's healthy development.

Percent of mothers who participated in parenting classes during their most recent pregnancy[8]: From 2003-2005, the average participation was 16.3% (range 15.7-17.1%). Of the women who reported taking a parenting class nearly half where older than 25 years of age, 36% had at least 16 years of education, 60.3% had more than a high school education, and 63% were married. These characteristics are statistically different from those women who did not take a class.

Medical Home

All Nebraska children have access to and receive high quality health care services through a medical home.

Ratio of licensed physicians and licensed dentists to the number of children (0-8)[9]: Having access to a medical provider is key to having a medical home. In 2006 Nebraska had a total of 3,762 Physicians (including residents) and 974 Dentists. There were 17/93 counties without a Physician and 21/93 counties without a Dentist. The ratio of all providers per child age 0-8 was 1:47 in 2006. However, when considering only Pediatricians, Family and General Practice Physicians and Dentists, the ratio is one provider for every 136 children. In 2006, 51% of all providers where practicing in Douglas County, Nebraska. When excluding Douglas County the ratios become 1:63 for all providers and 1:154 for Pediatricians, Family and General Practice Physicians and Dentists. Considering that medical providers do not limit their patients to young children the ratio of providers to children 0-18 was 1:99.

Percent of Kids Connection eligible children who received an EPSDT exam during most recent state fiscal year: The Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program is the child health component of Medicaid. It's required in every state and is designed to improve the health of low-income children by financing appropriate and necessary pediatric services. EPSDT is designed to address physical, mental, and developmental health needs. Screening services "to detect physical and mental conditions" must be covered at periodic intervals, as well as provide diagnostic and treatment coverage[10]. In 2007 the rate of eligible children receiving at least one periodic exam was 56%. This is unchanged from 2005[11].

Percent of children 19 through 35 months who have received the 4:3:1:3:3 immunization series:

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7 Nebraska Department of Health and Human Services, Vital Statistics, 2004-2006. Unpublished

8 Nebraska Department of Health and Human Services, Pregnancy Risk Assessment Monitoring System (PRAMS), 2003-2005

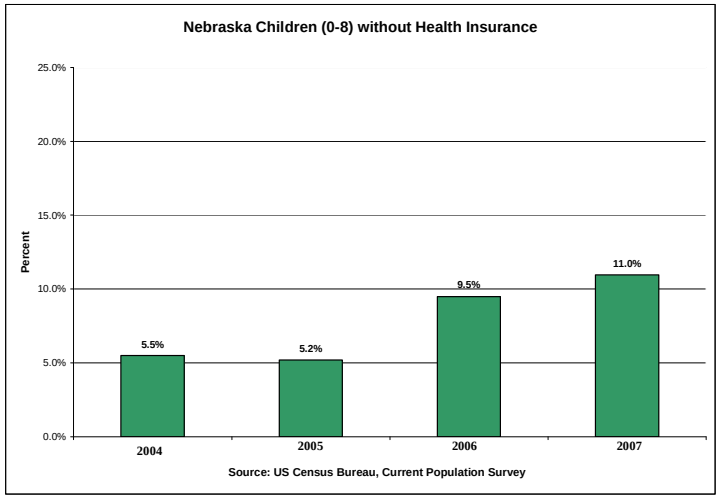
9 University of Nebraska Medical Center, Health Professions Tracking Center Directory of Nebraska & Western Iowa Healthcare Resources 2007-2008.

10 US Department of Health and Human Services, Health Resources and Service Administration. http://www.hrsa.gov/epsdt/default.htm

11 Nebraska Department of Health and Human Services, Form CMS-416: Annual EPSDT Participation Report, 2007.

A fully vaccinated child is an indication that the child has received preventive medical care. According to The Centers for Disease Control, the immunization rate for Nebraska's young children has risen from 72.6% in 2004 to 82.9% in 2007[12] (no significant trend). Nebraska has exceeded the Healthy People 2010 objective of 80% of children being fully vaccinated.

Percent of Nebraska children (0-8) who do not have health insurance coverage:



According to the US Census Bureau the rate of young children without health insurance has been increasing over the past several years, although not at a statistically significant rate. The Healthy People 2010 objective is 100% coverage for all ages.

Health insurance and a young age is important indicator of access and quality of health care. Children with health insurance are more likely to have a Medical Home and receive timely comprehensive care. Well-child health care in early life is key to prevention of chronic health issues over the lifespan.

Mental Health

The early childhood mental health (social-emotional-behavioral health) needs of Nebraska's children are met.

Prevalence of new mothers who experienced maternal depression related to their most recent pregnancy: In Nebraska, about 1 in 7 (14%) or an estimated 3,579 new mothers per year were at risk for post partum depression during 2004 and 2005[13]. Mothers less than 20 years of age were more than twice as likely to be at risk of depression as those over 25 years of age (27.1% v 11.9%). A mother is considered at risk if she reported that she always or often felt down, depressed or hopeless, OR if she always or often had little interest or pleasure in doing things. Depression can interfere with mother's ability to care for herself and her baby and have a long-term effect on the development of her child.

Percent of Kids Connection eligible children receiving mental health treatment: From 2004 through 2007 a consistent average of 7.5% was of all children age 0-8 years

[12] Centers for Disease Control and Prevention, National Immunization Survey, Estimated Vaccination Coverage* with Individual Vaccines and Selected Vaccination Series Among Children 19-35 Months of Age by State and Local Area Q1/2007-Q4/2007. http://www.cdc.gov/vaccines/stats-surv/nis/data/tables_2007.htm

[13] Nebraska Department of Health and Human Services, Pregnancy Risk Assessment Monitoring System (PRAMS), 2004-2005

receiving Kids Connection benefits received mental health treatment[14]. The utility of this indicator is limited and will be more meaningful with future analysis of other data sets, such as that from private insurers.

Implementation 2009-2012

In an effort to coordinate data initiatives the Nebraska Early Childhood Data Coalition was chartered October 1, 2009 - September 30, 2011. The purpose of this effort was to:

- Establish a coalition of key stakeholders regarding early childhood specific data across Nebraska
- Enhance collaboration regarding data through clearly defined policies and procedures
- Develop plan for a comprehensive early childhood data system.

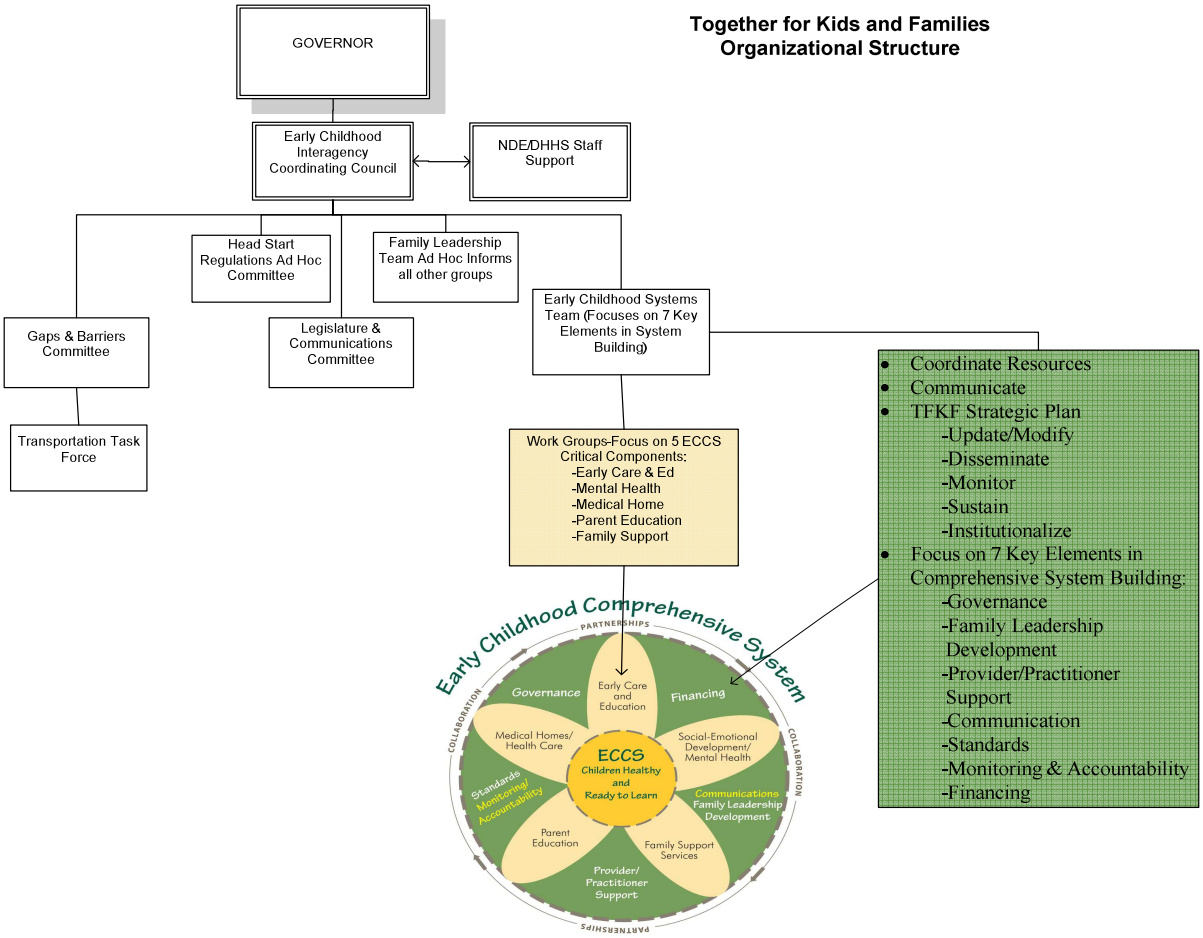
The federal guidance for the new funding period outlined the following three priority areas for ECCS program development:

- ECCS Critical Elements (five topic areas)
- Key Elements in Comprehensive System Building
- Strengthening Collaborations and Partnerships

In order to deepen the multi-agency nature of systems building activities and strengthen partnerships, grantees are required to coordinate their systems building work through a State Multi-Agency Early Childhood Team. Membership to be included on this team was very prescriptive and although the ECICC has served as the advisory body for TFKF and would continue to do so, representation requirements could not be met through ECICC exclusively. In late 2008 the ECCS coordinator invited a group of early childhood stakeholders to assist in determining a new organizational structure for Together for Kids and Families that would meet the federal requirements and serve as a useful structure for early childhood systems work overall. It was determined that an Early Childhood Systems Team be formed as a standing committee of ECICC. This structure was approved by ECICC in the spring of 2009 and work to establish such a team began. The first meeting was held on October 6, 2009 and facilitated by the ECICC facilitator in order to ensure continuity between ECICC and other standing committees. A Charter was developed by the group and approved May 14, 2010. The Charter outlined the purpose of the group as well as suggested membership:

- The purpose of the Early Childhood Systems Team is to create ongoing collaboration across public and private agencies through which early childhood systems needs for children (prenatal to age eight) will be identified and addressed through strategic action plans.
- The group is comprised of early childhood stakeholders from a variety of systems and mirrors the Federal Early Childhood Partners Group currently working together.

[14] Nebraska Department of Health and Human Services, Medicaid Claim Data 2004-2007. Unpublished



Since early 2009, TFKF work groups have been in a strategic planning phase once again. Each group was convened to review the goals and strategies which had been in place since 2006. The current goals and strategies can be viewed on the one page overview that is posted at: http://www.dhhs.ne.gov/lifespanhealth/pcah.htm. Currently, there are five work groups: Early Care & Education, Dental/Medical Home, Parent Education/ Family Support, Child Care Health Consultation and Mental Health. The Early Childhood Systems Team and the Early Childhood Data Coalition are in place to interact with the TFKF work groups and ensure coordinated efforts across systems. The work groups have also requested that we reinstate the quarterly all work group meetings that had been engaged in during earlier implementation via video conferencing. An all work group Implementation Team meeting was held October 5th, 2010 and it was decided that this group will convene biannually to communicate regarding activities and opportunities.

Conclusion

The groundwork for effective collaboration was laid during the planning phase of Together for Kids and Families when EC stakeholders were invited to engage in the planning process. Collaborating on implementation of the early childhood strategic plan was widely embraced and key early childhood entities have adopted and aligned with the Together for Kids and Families plan since its completion in March of 2006. Early Childhood stakeholders continue to attend and engage in TFKF work groups and have committed to the current organizational structure with the Early Childhood Systems Team focusing on the elements of systems work and the Early Childhood Interagency Coordinating Council serving as the overall advisory body. Cross-systems collaboration has grown considerably over the course of this project and it has become standard practice for EC stakeholders to ask the question when discussing new initiatives or ideas, "how does this fit in the TFKF statewide strategic plan"? The process has not been static, with new stakeholders engaging on a regular basis bringing new ideas and widening the reach across systems. A large and diverse group of early childhood collaborators who are engaged with TFKF and working together across systems is listed according to group membership with this list being posted at the TFKF website. Diverse representation and relationship building ensures communication and ongoing cross-systems partnership development leading to reduction in duplication of efforts and effective systems for children and families.

Together For Kids and Families